



STATE OF WEST VIRGINIA  
**WEST VIRGINIA ETHICS COMMISSION**  
210 BROOKS STREET, SUITE 300  
CHARLESTON WV 25301-1804  
(304) 558-0664 • FAX (304) 558-2169  
ethics@wv.gov • www.ethics.wv.gov

## Instructions for filing an ethics complaint

To file a complaint against a public servant or a lobbyist, please complete the attached form and mail or hand deliver it to the West Virginia Ethics Commission.

The Commission will send a letter to the filer confirming that his or her complaint has been received.

The Commission's three-member Probable Cause Review Board will determine whether the complaint states a material violation of the Ethics Act and will either dismiss it or issue a Notice of Investigation. If the complaint is dismissed, the Commission will mail copies of the Dismissal Order and the complaint to the person who filed the complaint and to the person against whom the complaint was filed. If the Review Board issues a Notice of Investigation, copies of that document are also sent to both parties.

The Review Board may only investigate and prosecute violations of the Act which have occurred within two years of the date the complaint is filed.

Complaints must be "verified," or sworn to before a Notary Public. The complaint must contain the complaining party's original signature; therefore, complaints may not be faxed or emailed.

Complaints must either be hand delivered or mailed to:

**West Virginia Ethics Commission**  
**210 Brooks St., Suite 300**  
**Charleston, WV 25301**

For office use only:  
VCRB # \_\_\_\_\_  
Date filed: \_\_\_\_\_

**West Virginia Ethics Commission**  
**210 Brooks Street, Suite 300, Charleston WV 25301**  
**(304)558-0664 or (866)558-0664**

**CONTACT INFORMATION**

**I. Person bringing Complaint (“Complainant”)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Best time to contact you: \_\_\_\_\_

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**II. Person against Whom Complaint is Brought (“Respondent”)**

**Current or former public official, public employee, lobbyist - use one complaint form for each person.**

Name: \_\_\_\_\_ Position or title: \_\_\_\_\_  
(e.g. Mayor of Smallville, Potomac Co. Commissioner)  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name(s) and contact information of any witness(es) to the alleged misconduct:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date filed: \_\_\_\_\_

For office use only:

VCRB # \_\_\_\_\_

Date filed: \_\_\_\_\_

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Date or dates alleged violations occurred: \_\_\_\_\_

Attach documents or evidence which supports your allegations.

*(Please attach photocopies; retain the originals for your own records.)*

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**Verification of Complaint**

State of \_\_\_\_\_, County of \_\_\_\_\_:

I, \_\_\_\_\_, the Complainant named in the attached complaint,  
(name of person filing the complaint)

being duly sworn, says that the facts and allegations contained herein are true, except so far as they are stated to be on information and belief. If they are on information and belief, I believe them to be true.

Complainant signature \_\_\_\_\_ date: \_\_\_\_\_

Taken, sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Notary Public's Signature**